

2018 NIRSA/ACUI

Collegiate Marketing Institute


November 14-16, 2018 • New Orleans, Louisiana



 **Register online**
nirsa.org/marketing2018

 **Register by email**
billing@nirsa.org

 **Register by fax**
541-766-8284

 **Mail with payment**
NIRSA Headquarters
4185 SW Research Way
Corvallis, OR 97333-1067

Orders submitted by fax or mail will take 2-3 business days to process and will be handled on a first-come, first-served basis.

 **For more information:**
education@nirsa.org

About You

Last Name

First Name

AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAME BADGE

Title

Institution/Company

Business Mailing Address

City

State/Province

Zip/Postal

Day Phone

Fax

Email


It's okay to share my email address with Associate Members/Nonmembers who are also attending this event.

Dietary restrictions

A NIRSA representative will follow up with you regarding your request.



Registration Options

 The term "member" refers to those with a current NIRSA and/or ACUI membership both at the time of registration and throughout the event.

 If you are unsure about your membership status, please email membership@nirsa.org.

Early Bird / **Regular**
Early Bird applies before
October 5, 2018


Member* (NIRSA or ACUI)

\$500 / **\$570**

Nonmember

\$595 / **\$665**

Facility Tours


 Tours of local facilities will be planned. Please see the website for schedule information. Tours are free for attendees. Please let us know below if you plan to attend so we can plan transportation.

Tours are free for attendees.
Please let us know below if you plan to attend so we can plan transportation.

Yes, I plan on attending the facility tours

No, I do not plan on attending the facility tours

Payment

 Balance must be paid in full before registration can be processed.

Total: \$

Visa
 Mastercard
 Discover
 American Express
 PO#/Check#

Credit Card #

Exp

Signature

Additional Card

I would like to use a second card for a portion of the total. Total to be charged to this card: \$

Visa
 Mastercard
 Discover
 American Express

Credit Card #

Exp

Signature

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the NIRSA/ACUI Collegiate Marketing Institute and associated events, hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue, NIRSA, NIRSA Services Corporation, NIRSA Foundation, or their officers, employees, and agents from liability (collectively "NIRSA") from any and all claims including the negligence of NIRSA, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity. I further agree to waive the protection afforded by any statute or law in any jurisdiction (e.g. Calif. Civil Code §1542) whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks may include, but are not limited to (1) minor injuries such as scratches, bruises, and sprains to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) catastrophic injuries including paralysis and death. (4) The unavailability of emergency medical care; and (5) the negligent or deliberate act of another person;

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks, and also assume the risk of the unavailability of emergency medical care or the negligent or deliberate act of another person.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD NIRSA HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred, and including damages which are caused by the negligence of third parties).

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of Louisiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: *I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.*

Print Name

Date

Signature of Participant